

PMAQ

Notification and change in circumstance guideline

1. Statement

Prevocational Medical Accreditation Queensland (PMAQ) is accredited by the Australian Medical Council as a prevocational training accreditation authority. The Medical Board of Australia (MBA) has approved PMAQ to accredit prevocational year one training programs and the Health Chief Executive Forum has endorsed the accreditation of prevocational year two training programs.

Accredited prevocational training providers are responsible for the standard of the prevocational training program overall and its ongoing compliance with the standards. PMAQ, however, monitors accredited providers throughout their period of accreditation to ensure ongoing compliance and support quality improvement. While a number of processes support this monitoring one process is the requirement for providers to notify PMAQ of changes to the program that may affect the programs compliance with the *National standards for prevocational (PGY1 and PGY2) training programs and terms* (the national standards). Further to this, standard 1.4.2 of the national standards requires that:

The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.

The purpose of this guideline is to provide guidance to accredited prevocational training providers on situations where a report to PMAQ is required and the subsequent processes that follow.

2. Scope

This guideline applies to all accredited training providers or any service seeking accreditation.

3. Context

Accredited prevocational training providers are responsible for ensuring ongoing compliance with the *National standards for prevocational (PGY1 and PGY2) training programs and terms*.

Facilities that train prevocational doctors are dynamic and it is acknowledged that changes to training programs can occur regularly. These changes may be a result of forward planning for the prevocational training program (PTP), or they may be due to influences outside the control of those managing and governing the PTP.

Further, the impact changes actually or potentially have on a program's compliance with the standards can vary greatly and without appropriate categorisation may result in a significant, yet unnecessary administrative burden on providers. To minimise this, this guideline delineates how changes can be categorised by the provider, identifying those which require a notification to PMAQ and those that require a change in circumstance request. Associated evidence required for decision making will generally be minimal for a notification and changes categorised as high impact will generally require a more fulsome request with associated evidence.

Where changes are planned and meet the requirements of a notification or a change in circumstance request, irrespective of the anticipated consequences, approval by PMAQ is required **prior to the changes taking effect** or placement of a prevocational doctor in the relevant program or term.

Where changes occur because of external influences and are not planned, it is expected that the provider acts to ensure patient safety and prevocational doctor wellbeing are safeguarded and the program maintains ongoing compliance with the accreditation standards. Timely notification to PMAQ of the changes, the actions taken, and their outcomes is also required. In such a situation the prevocational training provider bears the risks associated with an unapproved change, until such time as approval or otherwise is granted.

4. Process

Providers of accredited programs are required to complete and submit a notification form or a change in circumstance (CiC) request form to PMAQ. The process for adjudicating either a notification or a change in circumstance request will consider the anticipated impact that change will have on the program and / or the experience of prevocational doctors.

Changes that are considered to have minimal impact on compliance with the standards, or those which can generally be adequately managed by the provider, may either be handled internally or escalated to PMAQ through a notification form. A notification form will be reviewed by PMAQ and either noted for inclusion in the official accreditation record or escalated to an assessor or the PMAQ Accreditation Committee for review.

Circumstances that have a substantial impact on compliance with the standards or which are considered to potentially give rise to higher risk circumstances are required to be submitted as a change in circumstance request. These requests will be reviewed and assessed by assessors with recommendations made to the PMAQ Accreditation Committee for approval.

In evaluating a notification or change in circumstance, additional evidence, information, or verification may be sought either by PMAQ and/or by an assessor. This may include interviews with training provider staff virtually or face to face.

Recommendations to the PMAQ Accreditation Committee may include:

- The change is approved.
- Further information is required for the change to be adequately assessed.
- The change is approved with condition (general or monitoring).
- The change is not approved.

Prevocational doctors placed in terms that have undergone changes which have not been reviewed and subsequently approved or prior to approval being granted will be deemed to have completed an unaccredited term. This may impact the trainee's eligibility for general registration or a certificate of completion, as well as on prevocational doctor and patient safety.

4.1 Provider to identify the anticipated impact of the change

Changes considered low impact

To categorise a change as having low impact, the provider must have determined and be assured that the change will have minimal or no impact on:

- Their ability to achieve or maintain compliance with the national standards and requirements of the registration standard.
- The experience of the prevocational doctor.

This type of change can be managed internally by the provider with no notification to PMAQ required. Examples of this type of change are given below.

Category / Action	Examples
<p>Low impact</p> <p>Manage risk and change internally</p>	<ul style="list-style-type: none"> Roster changes that won't impact fundamental experience of prevocational doctors. Like for like changes (e.g., term supervisor change). Short term leave back-fill or vacancy in roles that will not impact decision-making or implementation. Program level changes that will not impact the provider's ability to achieve or maintain compliance with the national framework or requirements of the registration standard.

Changes considered medium impact

To categorise a change as having moderate impact, the provider must have determined that the change will or may have a moderate or potential impact on:

- The overall program.
- The prevocational doctor experience.
- The program or term's accreditation status.

This type of change is a notification of change and must be notified to PMAQ to enable accreditation records to be updated and ensure adequate monitoring of program compliance occurs. In some cases, depending on the change notified, PMAQ may:

- Simply note the change.
- Request further information.
- Apply a monitoring condition to the change.
- Escalate the notification to an assessor or to the Accreditation Committee

Examples of this type of change are shown in the table below.

Category / Action	Examples
<p>Moderate impact</p> <p>Notification to PMAQ – submit a notification of change form to PMAQ</p> <p><i>Note: These types of changes previously would have required a CiC request, however, now will become a notification to PMAQ that may require further follow-up.</i></p>	<ul style="list-style-type: none"> Administrative changes that will need to be recorded for accreditation / reporting purposes including: <ul style="list-style-type: none"> term name changes changes to specialty / subspecialty Increase or decrease in numbers of posts in a PGY1 or PGY2 term if not fundamentally changing the experience of the prevocational doctor. Roster changes that will fundamentally change the experience of prevocational doctors. New terms. Loss of service or specialty accreditation. Leave and/or vacancy that will have significant impact on ability to deliver program outcomes or decision-making responsibilities. Leave and/or vacancy in senior roles that have governance and decision-making responsibilities where temporary alterations to processes are needed.

Changes considered significant impact

To categorise a change as having significant impact, the provider must have determined that the change:

- Is significant.
- Will or may significantly impact the program and / or the prevocational doctor experience.
- Will or may impact their accreditation status and / or the ability to maintain compliance with the national standards or the requirements of the registration standard.

This type of change requires completion of a change in circumstance request prior to implementation. Review and assessment of the request may be undertaken by assessors with a recommendation made to the PMAQ Accreditation Committee for decision. Examples of this type of change are shown in the table below.

Category / Action	Examples
Significant impact CiC request required	<ul style="list-style-type: none">• New secondment arrangements between health services.• Changes to terms that will fundamentally change the experience of prevocational doctors.• Governance changes that significantly impact decision-making roles, processes or implementation.• Program level changes that will impact the provider's ability to achieve or maintain compliance with the national framework.

4.2 Provider to identify the process required to action the change (submission of a notification or request to PMAQ)

The actions required for each type of change based on its assessed impact are shown below.

Impact of change	Process
Low impact	Manage and monitor internally
Medium impact	Submit notification of change to PMAQ
High impact	Submit change in circumstance request to PMAQ

4.3 Review and assessment of notifications and changes in circumstance

Notifications submitted as indicated in the table will be reviewed by PMAQ in accordance with the authority delegated by the PMAQ Accreditation Committee. At any time and for any reason, PMAQ may refer a notification to the Accreditation Committee for their consideration, or recommend an assessor review the notification. Any CiC request submitted will be assigned to an assessor for review, with their recommendation going to the Accreditation Committee for decision. The diagrams below depict the process flow for each change type.

Notification of change



Change in circumstance request



5. Submission and timelines

A notification or change in circumstance request must be submitted directly to PMAQ using the notification and change in circumstance form. These can be found on the [PMAQ website](#).

Providers are required to ensure complete and accurate forms with the associated evidence are submitted via the providers SharePoint site, with advice sent to PMAQ via email once submitted.

Each situation is unique, and it is therefore difficult to provide definitive timeframes for processing of notifications and change requests. Generally, a notification may take up to six weeks to process, and depending on completeness, it may take up to four months to process a change in circumstance request. Providers are responsible for ensuring these indicative timelines are considered in any planned change and note that incomplete documentation may result in delayed outcomes.

6. Supporting documents

- [Notification and change in circumstance form](#)
- Prevocational Medical Accreditation – Department of Health Standard (under review)
- [National Framework for Prevocational \(PGY1 and PGY2\) Medical Training](#)

**Notification of change and
change in circumstance request form**

<https://www.surveymonkey.com/r/PMAQNotCiC>

7. Version control

Version	Date	Comments
0.1	December 2018	<i>Initial draft prepared by PMAQ</i>
0.1	13 December 2018	Reviewed by PMAQ Accreditation Committee
0.2	17 December 2018	Endorsed by PMAQ Governance Committee
0.3	6 February 2019	Presented to PMAQ Governance Committee -update to logo and wording to 'change in circumstance'
1.0	27 February 2020	Migrated to QH template and reviewed current information.
1.1	9 July 2020	Guideline reviewed by Accreditation Committee
2.0	28 October 2020	Endorsed by A/DDG & Chief Medical Officer
2.1	07 March 2024	Updated to align with NFPMT requirements and endorsed by the PMAQ Accreditation Committee
3.0	3 April 2024	Approved by delegate
3.1	13 September 2024	Updated to reflect current processes Approved by Accreditation Committee
4.0	3 April 2025	Redesign of the guideline based on delegation of responsibilities to PMAQ Manager. Approved by PMAQ Accreditation Committee.